

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 3-4				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000004				
Contract Number EP-W-08-019			Contract Period   03/11/2008   To   03/10/2012			Title of Work Assignment/SF Site Name				
			Base                      Option Period Number       3			3MRAv2 Tech Support for CO2				
Contractor RESEARCH TRIANGLE INSTITUTE					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From   03/11/2011   To   03/10/2012					
Comments: The purpose of this amendment is to request a work plan and cost estimate in accordance with the revised Statement of Work.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE:						
03/11/2008   To   03/10/2012				7,622						
This Action:				3,550						
				11,172						
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name   Justin Babendreier							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number   706-355-8344			
							FAX Number:			
Project Officer Name   Ryan Daniels							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number:   202-564-6476			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number:			
							FAX Number:			
Contracting Official Name   Rachel Schwartz							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number:   202-564-1053			
							FAX Number:   202-565-2554			